

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Wellcare Health Plans, Inc. PAC (WellCare PAC)

ADDRESS (number and street) ▼

8735 Henderson Road

☐ Check if different than previously reported. (ACC)

Tampa

FL

33634

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00390575

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2013

through

M M M / D D D / Y Y Y Y Y Y
06 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas Tran

Signature of Treasurer

Thomas Tran

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 29 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y 06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		64771.01
(b) Cash on Hand at Beginning of Reporting Period.....	64771.01	
(c) Total Receipts (from Line 19)	76909.44	76909.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	141680.45	141680.45
7. Total Disbursements (from Line 31)	34500.00	34500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	107180.45	107180.45
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	1		2	0	1	3		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	3		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	49196.80	49196.80
(ii) Unitemized	27712.64	27712.64
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	76909.44	76909.44
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	76909.44	76909.44
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ►	76909.44	76909.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	76909.44	76909.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31000.00	31000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	3500.00	3500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	34500.00	34500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34500.00	34500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	76909.44	76909.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76909.44	76909.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: F3XN

Transaction ID :

No expenditure, other than a direct contribution, was made on behalf of a specifically identified federal candidate. No expenditure was for a public communication that referred to a clearly identified candidate for Federal office and that promoted, supported, attacked or opposed any such candidate for Federal office.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Nicholas Abid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 05 2013

Transaction ID : SA11AI.5921

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Nicholas Abid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 05 2013

Transaction ID : SA11AI.5988

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Nicholas Abid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 02 2013

Transaction ID : SA11AI.6085

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Nicholas Abid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6159

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Nicholas Abid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6267

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Nicholas Abid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6703

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Nicholas Abid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 30 2013

Transaction ID : SA11AI.6736

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Nicholas Abid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 29 2013

Transaction ID : SA11AI.7072

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Nicholas Abid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 29 2013

Transaction ID : SA11AI.7107

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Nicholas Abid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7462

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Nicholas Abid

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7497

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Lawrence D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6197

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

384.60

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lawrence D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6747

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Lawrence D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6756

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Lawrence D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7117

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

576.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lawrence D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7125

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Lawrence D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7507

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Lawrence D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7514

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

576.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Bryan M. Baier

Mailing Address 8735 Henderson Blvd.

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5919

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Bryan M. Baier

Mailing Address 8735 Henderson Blvd.

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5986

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Bryan M. Baier

Mailing Address 8735 Henderson Blvd.

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6083

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Bryan M. Baier

Mailing Address 8735 Henderson Blvd.

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6157

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Bryan M. Baier

Mailing Address 8735 Henderson Blvd.

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6265

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Bryan M. Baier

Mailing Address 8735 Henderson Blvd.

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6698

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Bryan M. Baier

Mailing Address 8735 Henderson Blvd.

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6732

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Bryan M. Baier

Mailing Address 8735 Henderson Blvd.

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7067

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Bryan M. Baier

Mailing Address 8735 Henderson Blvd.

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7103

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Bryan M. Baier

Mailing Address 8735 Henderson Blvd.

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7459

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Bryan M. Baier

Mailing Address 8735 Henderson Blvd.

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7493

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Lucinda Baily

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6715

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lucinda Baily

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7048

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Lucinda Baily

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7084

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Lucinda Baily

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7437

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lucinda Baily

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7476

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Richard O. Banner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6100

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

C. Richard O. Banner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6174

Amount of Each Receipt this Period

46.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

188.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Richard O. Banner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6287

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

B. Richard O. Banner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6665

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

C. Richard O. Banner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6666

Amount of Each Receipt this Period

46.15

SUBTOTAL of Receipts This Page (optional)..... ►

138.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Richard O. Banner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7036

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

B. Richard O. Banner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.65

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7037

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

C. Richard O. Banner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7423

Amount of Each Receipt this Period

46.15

SUBTOTAL of Receipts This Page (optional)..... ►

138.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Richard O. Banner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.95

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7424

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

B. Tanya Bartholomew

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7366

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Tanya Bartholomew

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7396

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

123.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Robert A. Beck

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

03 / 05 / 2013

Transaction ID : SA11AI.5918

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Robert A. Beck

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

03 / 05 / 2013

Transaction ID : SA11AI.5985

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Robert A. Beck

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

04 / 02 / 2013

Transaction ID : SA11AI.6082

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Robert A. Beck

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6156

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Robert A. Beck

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6264

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Robert A. Beck

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6697

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Robert A. Beck

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6731

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Robert A. Beck

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7066

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Robert A. Beck

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7101

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Robert A. Beck

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7458

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Robert A. Beck

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7492

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Scott B. Black

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6172

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Scott B. Black

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6285

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Scott B. Black

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6624

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Scott B. Black

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6655

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Scott B. Black

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6998

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Scott B. Black

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7028

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Scott B. Black

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7383

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Scott B. Black

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7412

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. John Burke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6711

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. John Burke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7044

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

230.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John Burke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7080

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. John Burke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7451

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. John Burke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7486

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Cesar M. Castilleja

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7034

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Cesar M. Castilleja

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7418

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Cesar M. Castilleja

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7421

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

124.98

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Bernard M. Cohen

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6709

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Bernard M. Cohen

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7042

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Bernard M. Cohen

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7078

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Bernard M. Cohen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7468

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Bernard M. Cohen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7502

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Kevin Conroy

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5964

Amount of Each Receipt this Period

57.69

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kevin Conroy

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6062

Amount of Each Receipt this Period

57.69

Full Name (Last, First, Middle Initial)

B. Kevin Conroy

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6136

Amount of Each Receipt this Period

57.69

Full Name (Last, First, Middle Initial)

C. Kevin Conroy

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6242

Amount of Each Receipt this Period

57.69

SUBTOTAL of Receipts This Page (optional)..... ►

173.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kevin Conroy

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6669

Amount of Each Receipt this Period

57.69

Full Name (Last, First, Middle Initial)

B. Kevin Conroy

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6670

Amount of Each Receipt this Period

57.69

Full Name (Last, First, Middle Initial)

C. Kevin Conroy

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7038

Amount of Each Receipt this Period

57.69

SUBTOTAL of Receipts This Page (optional)..... ►

173.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kevin Conroy

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.59

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7039

Amount of Each Receipt this Period

57.69

Full Name (Last, First, Middle Initial)

B. Kevin Conroy

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7427

Amount of Each Receipt this Period

57.69

Full Name (Last, First, Middle Initial)

C. Kevin Conroy

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7428

Amount of Each Receipt this Period

57.69

SUBTOTAL of Receipts This Page (optional)..... ►

173.07

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Walter W. Cooper

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5922

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Walter W. Cooper

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5989

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Walter W. Cooper

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6086

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

576.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Walter W. Cooper

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6270

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Walter W. Cooper

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6753

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

c. Walter W. Cooper

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6760

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Walter W. Cooper

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7122

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Walter W. Cooper

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7129

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

c. Walter W. Cooper

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7511

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Walter W. Cooper

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7518

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Ann C. Cox

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6170

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Ann C. Cox

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6283

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

269.22

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Ann C. Cox

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6623

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Ann C. Cox

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6654

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Ann C. Cox

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6997

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

A. Ann C. Cox

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7027

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Ann C. Cox

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7382

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Ann C. Cox

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7411

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Alec Cunningham

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5898

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Alec Cunningham

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5965

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Alec Cunningham

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6063

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Alec Cunningham

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6137

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Alec Cunningham

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6243

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Alec Cunningham

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6752

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

A. Alec Cunningham

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6759

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Alec Cunningham

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7120

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Alec Cunningham

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7128

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

A. Alec Cunningham

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7510

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Alec Cunningham

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7517

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5887

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

480.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

A. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5956

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6054

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6122

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 02 2013

Transaction ID : SA11AI.6214

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 30 2013

Transaction ID : SA11AI.6678

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 30 2013

Transaction ID : SA11AI.6713

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7047

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7083

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7435

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. David Cure

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7475

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5906

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5973

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6071

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6145

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6252

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 30 2013

Transaction ID : SA11AI.6694

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 30 2013

Transaction ID : SA11AI.6728

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 29 2013

Transaction ID : SA11AI.7062

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7097

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7455

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7490

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christopher C. Dawes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6120

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Christopher C. Dawes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6210

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

c. Christopher C. Dawes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6593

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christopher C. Dawes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6633

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Christopher C. Dawes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6979

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

c. Christopher C. Dawes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7006

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christopher C. Dawes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7362

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Christopher C. Dawes

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7391

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Valerie DeBoe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.88

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6180

Amount of Each Receipt this Period

28.84

SUBTOTAL of Receipts This Page (optional)..... ►

105.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Valerie DeBoe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.72

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6579

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

B. Valerie DeBoe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.56

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6581

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

C. Valerie DeBoe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.40

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6972

Amount of Each Receipt this Period

28.84

SUBTOTAL of Receipts This Page (optional)..... ►

86.52

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Valerie DeBoe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.24

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6973

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

B. Valerie DeBoe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.08

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7356

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

C. Valerie DeBoe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.92

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7358

Amount of Each Receipt this Period

28.84

SUBTOTAL of Receipts This Page (optional)..... ►

86.52

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Catherine M. DeMaso

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7283

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Desiree Demonbreun

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6884

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Desiree Demonbreun

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7242

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Desiree Demonbreun

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7325

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Grace Diaz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6165

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Grace Diaz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6274

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Grace Diaz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6622

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Grace Diaz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6653

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Grace Diaz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6996

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Grace Diaz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7026

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Grace Diaz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7381

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Grace Diaz

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7410

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 62 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Scott J. Dickler

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6883

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Scott J. Dickler

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7241

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Lisa M. Eilers

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6893

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa M. Eilers

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7170

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Lisa M. Eilers

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7253

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Thomas M. Everett

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7397

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 191

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Dana French

Mailing Address 8735 Henderson Avenue

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2013

Transaction ID : SA11AI.6767

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael A. Gerasimovich

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6890

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Michael A. Gerasimovich

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7248

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

538.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 65 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael A. Gerasimovich

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7331

Amount of Each Receipt this Period

92.33

Full Name (Last, First, Middle Initial)

B. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5893

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5960

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

211.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 66 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6058

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6129

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6233

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6687

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6720

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7055

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7090

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7449

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7485

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Patricia B. Guay

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7393

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5894

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5961

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6059

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6132

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6239

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6690

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6723

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7058

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 72 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7093

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7446

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Michael Haber

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7482

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Gregg Haddad

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5928

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Gregg Haddad

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5994

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Gregg Haddad

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6092

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 74 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Gregg Haddad

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6166

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Gregg Haddad

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6275

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Gregg Haddad

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6706

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 75 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Gregg Haddad

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6738

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Gregg Haddad

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7074

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Gregg Haddad

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7110

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Gregg Haddad

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7464

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Gregg Haddad

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7499

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Richard M. Hanks

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.32

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6744

Amount of Each Receipt this Period

104.16

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

296.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Richard M. Hanks

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.48

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7113

Amount of Each Receipt this Period

104.16

Full Name (Last, First, Middle Initial)

B. Richard M. Hanks

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.64

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7114

Amount of Each Receipt this Period

104.16

Full Name (Last, First, Middle Initial)

C. Richard M. Hanks

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7504

Amount of Each Receipt this Period

104.16

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

312.48

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Richard M. Hanks

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7505

Amount of Each Receipt this Period

104.16

Full Name (Last, First, Middle Initial)

B. Merrill J. Hausenfluck

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6650

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Merrill J. Hausenfluck

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6993

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

181.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Merrill J. Hausenfluck

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7022

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Merrill J. Hausenfluck

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7377

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Merrill J. Hausenfluck

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7407

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Maurice Hebert

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6895

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Maurice Hebert

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7172

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Maurice Hebert

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7255

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 81 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa Hershiser

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

06 / 24 / 2013

Transaction ID : SA11AI.7414

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Troy Hildreth

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

06 / 24 / 2013

Transaction ID : SA11AI.7401

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. William Hinsdale

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

06 / 24 / 2013

Transaction ID : SA11AI.7403

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John J. Hofstetter

Mailing Address 8735 Hendersonn Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6936

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. John J. Hofstetter

Mailing Address 8735 Hendersonn Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7214

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. John J. Hofstetter

Mailing Address 8735 Hendersonn Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7296

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 83 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Marla P. Holcomb

Mailing Address 8735 Henderon Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6722

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Marla P. Holcomb

Mailing Address 8735 Henderon Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7056

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Marla P. Holcomb

Mailing Address 8735 Henderon Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7091

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Marla P. Holcomb

Mailing Address 8735 Henderon Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

06 / 24 / 2013

Transaction ID : SA11AI.7448

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Marla P. Holcomb

Mailing Address 8735 Henderon Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

06 / 24 / 2013

Transaction ID : SA11AI.7484

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Laura Hungiville

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

03 / 05 / 2013

Transaction ID : SA11AI.5892

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 85 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Laura Hungiville

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5959

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Laura Hungiville

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6057

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Laura Hungiville

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6128

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 86 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Laura Hungiville

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6232

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Laura Hungiville

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6686

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Laura Hungiville

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6719

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Laura Hungiville

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7054

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Laura Hungiville

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7089

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Laura Hungiville

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7447

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Laura Hungiville

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

Transaction ID : SA11AI.7483

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Lisa G. Iglesias

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2013

Transaction ID : SA11AI.5949

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Lisa G. Iglesias

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2013

Transaction ID : SA11AI.6045

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

480.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa G. Iglesias

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6114

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Lisa G. Iglesias

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6193

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Lisa G. Iglesias

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6746

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 90 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa G. Iglesias

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6755

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Lisa G. Iglesias

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7116

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Lisa G. Iglesias

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7124

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

576.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 91 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa G. Iglesias

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7506

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Lisa G. Iglesias

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7513

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6735

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

480.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 92 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7071

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7106

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7461

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.59

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7496

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Pamela Johnson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7444

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Pamela Johnson

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7480

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 94 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Walter C. Johnson

Mailing Address 8734 Hernderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7388

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Laura A. Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6155

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Laura A. Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6263

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 95 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Laura A. Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6619

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Laura A. Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6651

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Laura A. Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6994

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Laura A. Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7023

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Laura A. Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7378

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Laura A. Jones

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7408

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Paul Kensicki

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6716

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Paul Kensicki

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7049

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Paul Kensicki

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7085

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 191
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Paul Kensicki

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7438

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Paul Kensicki

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7477

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Sharon L. King

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6937

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

211.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 99 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Sharon L. King

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7215

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Sharon L. King

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7297

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. John J. Kirchner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7050

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 100 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John J. Kirchner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7086

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. John J. Kirchner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7439

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. John J. Kirchner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7478

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael W. Kuehls

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6940

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Michael W. Kuehls

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7218

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Michael W. Kuehls

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7299

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 102 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael T. Labrecque

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

healthcare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6906

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Michael T. Labrecque

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

healthcare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7183

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Michael T. Labrecque

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

healthcare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7266

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Gregory A. LaManna

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7413

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5929

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5995

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

230.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 104 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6094

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6168

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6281

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 105 OF 191

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6707

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6739

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7075

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 106 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7111

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7466

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7500

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 107 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kevin A. LeBlanc

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 05 2013

Transaction ID : SA11AI.5915

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Kevin A. LeBlanc

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 05 2013

Transaction ID : SA11AI.5983

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Kevin A. LeBlanc

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 02 2013

Transaction ID : SA11AI.6080

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 108 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kevin A. LeBlanc

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6154

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Kevin A. LeBlanc

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6262

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Kevin A. LeBlanc

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6696

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 109 OF 191
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kevin A. LeBlanc

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6730

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Kevin A. LeBlanc

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7064

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Kevin A. LeBlanc

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7099

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

PAGE 110 OF 191

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kevin A. LeBlanc

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7456

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Kevin A. LeBlanc

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7491

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Michael S. Lisman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6939

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

211.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 111 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael S. Lisman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

06 / 24 / 2013

Transaction ID : SA11AI.7217

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Michael S. Lisman

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 24 / 2013

Transaction ID : SA11AI.7298

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Brian W. Luidhardt

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.6008

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

788.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 112 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Pam A. Lyons-Taylor

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

288.45

Date of Receipt

05 / 29 / 2013

Transaction ID : SA11AI.7069

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Pam A. Lyons-Taylor

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

384.60

Date of Receipt

05 / 29 / 2013

Transaction ID : SA11AI.7104

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Pam A. Lyons-Taylor

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.75

Date of Receipt

06 / 24 / 2013

Transaction ID : SA11AI.7429

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 113 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Pam A. Lyons-Taylor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

06 / 24 / 2013

Transaction ID : SA11AI.7470

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Dexter D. Mar

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 18 / 2013

Transaction ID : SA11AI.6010

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lance D. Marshall

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

04 / 30 / 2013

Transaction ID : SA11AI.6714

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1192.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 114 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Barbara E. Mason

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7402

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Carole A. Matyas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7045

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

c. Carole A. Matyas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7081

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 115 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Carole A. Matyas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7432

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Carole A. Matyas

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7473

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. David J. McNichols

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7082

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 116 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. David J. McNichols

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7546

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. David J. McNichols

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7434

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. David J. McNichols

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

557.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7474

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 117 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael A. Minor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6146

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Michael A. Minor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6253

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Michael A. Minor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6617

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 118 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael A. Minor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6648

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Michael A. Minor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6992

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Michael A. Minor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7021

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 119 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael A. Minor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

06 / 24 / 2013

Transaction ID : SA11AI.7376

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Michael A. Minor

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 24 / 2013

Transaction ID : SA11AI.7406

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

03 / 05 / 2013

Transaction ID : SA11AI.5936

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

173.07

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 120 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.6002

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6101

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6176

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 121 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6288

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6740

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6741

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 122 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7076

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7112

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7469

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7503

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Daniel H. Paquin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5888

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Daniel H. Paquin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5957

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

480.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 124 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Daniel H. Paquin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6055

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Daniel H. Paquin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6126

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Daniel H. Paquin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6216

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 125 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Daniel H. Paquin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6751

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Daniel H. Paquin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6758

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Daniel H. Paquin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7119

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

576.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 126 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Daniel H. Paquin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7127

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Daniel H. Paquin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7509

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Daniel H. Paquin

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7516

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

576.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 127 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christopher T. Parrillo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11Al.7040

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Christopher T. Parrillo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11Al.7077

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

c. Christopher T. Parrillo

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11Al.7467

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 128 OF 191
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christopher T. Parrillo

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

Transaction ID : SA11AI.7501

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Jai P. Pillai

Mailing Address 8735 Henderson Avenue

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2013

Transaction ID : SA11AI.7070

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Jai P. Pillai

Mailing Address 8735 Henderson Avenue

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2013

Transaction ID : SA11AI.7105

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jai P. Pillai

Mailing Address 8735 Henderson Avenue

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7460

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Jai P. Pillai

Mailing Address 8735 Henderson Avenue

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7494

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5902

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 130 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5969

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6067

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6141

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 131 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6247

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6692

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6726

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 132 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7060

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7095

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7452

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 133 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7487

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Mary Catherine Powell-Voight

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5925

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

c. Mary Catherine Powell-Voight

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5992

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 134 OF 191
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Mary Catherine Powell-Voight

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2013

Transaction ID : SA11AI.6089

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Mary Catherine Powell-Voight

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2013

Transaction ID : SA11AI.6163

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

c. Mary Catherine Powell-Voight

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2013

Transaction ID : SA11AI.6273

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ▶

288.45

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Mary Catherine Powell-Voight

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6705

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Mary Catherine Powell-Voight

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6737

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

c. Mary Catherine Powell-Voight

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7073

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Mary Catherine Powell-Voight

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7108

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Mary Catherine Powell-Voight

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7463

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

c. Mary Catherine Powell-Voight

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7498

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 137 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jayme Anelalani Puu

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6173

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Jayme Anelalani Puu

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6286

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Jayme Anelalani Puu

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6656

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jayme Anelalani Puu

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6657

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Jayme Anelalani Puu

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6999

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Jayme Anelalani Puu

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7029

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 139 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jayme Anelalani Puu

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7387

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Jayme Anelalani Puu

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7416

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Greg Quick

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6894

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 140 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Greg Quick

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7171

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Greg Quick

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7254

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

c. Jeffrey S. Ray

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7033

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

80.12

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey S. Ray

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7417

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Jeffrey S. Ray

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7420

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Anne E. Read

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6952

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

102.55

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 142 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Anne E. Read

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7231

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Anne E. Read

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7313

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Wendy J. Reynolds

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6942

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 143 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Wendy J. Reynolds

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7220

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Wendy J. Reynolds

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7302

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Michael L. Ridenour

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7007

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 144 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael L. Ridenour

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7363

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Michael L. Ridenour

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7392

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

c. Charles Rivera

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2013

Transaction ID : SA11AI.7520

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

576.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 145 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elizabeth Rosado

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2013

Transaction ID : SA11AI.6014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Laurie M. Rubel

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2013

Transaction ID : SA11AI.5911

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Laurie M. Rubel

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2013

Transaction ID : SA11AI.5979

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

692.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 146 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Laurie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6076

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Laurie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6150

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Laurie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6257

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 147 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Laurie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6695

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Laurie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6729

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Laurie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7063

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 148 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Laurie M. Rubel

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

05 / 29 / 2013

Transaction ID : SA11AI.7098

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Laurie M. Rubel

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

06 / 24 / 2013

Transaction ID : SA11AI.7431

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Laurie M. Rubel

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

06 / 24 / 2013

Transaction ID : SA11AI.7472

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 149 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Katherine Ryland

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7390

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Abby Dritz Salzer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7370

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Abby Dritz Salzer

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7399

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 150 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Tracy M. Schmidt

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7133

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Tracy M. Schmidt

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

M M / D D / Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7343

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Tracy M. Schmidt

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7353

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

62.49

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 151 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Florence B. Shafiq

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 12 / 2013

Transaction ID : SA11AI.6004

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Elliott A. Shaw Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6095

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Elliott A. Shaw Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6169

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 152 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elliott A. Shaw Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6282

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Elliott A. Shaw Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6667

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Elliott A. Shaw Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6668

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elliott A. Shaw Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7130

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Elliott A. Shaw Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7131

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Elliott A. Shaw Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7425

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 154 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elliott A. Shaw Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7426

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Lawrence R. Smart

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6944

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Lawrence R. Smart

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7223

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

88.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 155 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lawrence R. Smart

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7305

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5895

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

c. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5962

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

211.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 156 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6060

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6133

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

c. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6240

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6691

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6725

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

c. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7059

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7094

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7445

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

c. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7481

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 159 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christopher P. Surrall

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

05 / 29 / 2013

Transaction ID : SA11AI.7051

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Christopher P. Surrall

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

05 / 29 / 2013

Transaction ID : SA11AI.7087

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

c. Christopher P. Surrall

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

06 / 24 / 2013

Transaction ID : SA11AI.7441

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 160 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Christopher P. Surrell

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

06 / 24 / 2013

Transaction ID : SA11AI.7479

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Jesse L. Thomas Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

03 / 05 / 2013

Transaction ID : SA11AI.5882

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Jesse L. Thomas Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

03 / 05 / 2013

Transaction ID : SA11AI.5951

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

480.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 161 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jesse L. Thomas Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6047

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Jesse L. Thomas Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6117

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Jesse L. Thomas Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6198

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jesse L. Thomas Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6749

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Jesse L. Thomas Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6757

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Jesse L. Thomas Jr.

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7118

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 163 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jesse L. Thomas Jr.

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2013

Transaction ID : SA11AI.7126

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Jesse L. Thomas Jr.

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

Transaction ID : SA11AI.7508

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Jesse L. Thomas Jr.

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

Transaction ID : SA11AI.7515

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 164 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Thomas Tran

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5874

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Thomas Tran

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2013

Transaction ID : SA11AI.5942

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Thomas Tran

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6039

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

576.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Thomas Tran

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6108

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Thomas Tran

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6184

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Thomas Tran

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6745

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 166 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Thomas Tran

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

Transaction ID : SA11AI.6754

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Thomas Tran

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2013

Transaction ID : SA11AI.7115

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Thomas Tran

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2013

Transaction ID : SA11AI.7123

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 167 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Thomas Tran

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7512

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Thomas Tran

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7519

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Lisa VanSteelant

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7409

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

423.06

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Steven A. Vetrano

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7371

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Steven A. Vetrano

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7400

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Leonel Viel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6943

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Leonel Viel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7221

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Leonel Viel

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7303

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Timothy R. Waggoner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6956

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 170 OF 191

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Timothy R. Waggoner

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

Transaction ID : SA11AI.7235

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Timothy R. Waggoner

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

Transaction ID : SA11AI.7318

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Ed Wang

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2013

Transaction ID : SA11AI.7035

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ▶

80.12

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Ed Wang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7419

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Ed Wang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellcare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7422

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Kathy C. Warner

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6945

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

102.55

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 OF 191

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kathy C. Warner

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2013

Transaction ID : SA11AI.7224

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Kathy C. Warner

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2013

Transaction ID : SA11AI.7306

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. John David White

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	29	/	2013

Transaction ID : SA11AI.6892

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 OF 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John David White

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 24 / 2013

Transaction ID : SA11AI.7250

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Sandra White

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 24 / 2013

Transaction ID : SA11AI.7365

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Sandra White

Mailing Address 8735 Henderson Road

City State Zip Code
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 24 / 2013

Transaction ID : SA11AI.7394

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Yan Xiong

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6248

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Yan Xiong

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6693

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Yan Xiong

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6727

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 175 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Yan Xiong

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7061

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Yan Xiong

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7096

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Yan Xiong

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

711.51

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7453

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 176 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Yan Xiong

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7488

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Mary Virginia Yates

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6946

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Mary Virginia Yates

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7225

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 177 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Mary Virginia Yates

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7307

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Yin Yiu

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6899

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Yin Yiu

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7177

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 178 OF 191
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Yin Yiu

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

Transaction ID : SA11AI.7261

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Michael Carl Yount

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2013

Transaction ID : SA11AI.5884

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Michael Carl Yount

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2013

Transaction ID : SA11AI.5953

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ▶

211.53

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 179 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6050

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6119

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6209

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 180 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6674

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6710

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7043

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 181 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7079

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7430

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7471

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 182 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Annette L. Zerbe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6887

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Annette L. Zerbe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7245

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Annette L. Zerbe

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7328

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 183 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Don Zhang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6140

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Don Zhang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.6246

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Don Zhang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6616

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 184 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Don Zhang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : SA11AI.6647

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Don Zhang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.6991

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Don Zhang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer
WellCare Health Plans, Inc.

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2013

Transaction ID : SA11AI.7020

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 OF 191
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Don Zhang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7375

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Don Zhang

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7404

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Carlene C. Zincke

Mailing Address 8735 Henderson Road

City State Zip Code
Tampa FL 33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7360

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 186 OF 191

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Carlene C. Zincke

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2013

Transaction ID : SA11AI.7389

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

38.46

49196.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 187 OF 191

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Alexander for Senate 2014, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2013

Mailing Address 228 S. Washington Street, #115

City	State	Zip Code
Alexandria	VA	22314

Transaction ID : SB23.6032Purpose of Disbursement
contribution

Amount of Each Disbursement this Period

Candidate Name

Lamar AlexanderCategory/
Type

1000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District: 00

Full Name (Last, First, Middle Initial)

B. America's Health Insurance Plans PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

Mailing Address 601 Pennsylvania Ave., N.W.
Suite 500

City	State	Zip Code
Washington	DC	20004

Transaction ID : SB23.7533Purpose of Disbursement
contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Becerra for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2013

Mailing Address P. O. Box 261060

City	State	Zip Code
Los Angeles	CA	90026

Transaction ID : SB23.7149Purpose of Disbursement
contribution

Amount of Each Disbursement this Period

Candidate Name

Xavier BecerraCategory/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 34

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 188 OF 191

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Jim Clyburn

Mailing Address P. O. Box 12567

City	State	Zip Code
Columbia	SC	29211

Purpose of Disbursement
contribution

Candidate Name

James E. ClyburnOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2013

Transaction ID : SB23.7527

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Georgians for Isakson

Mailing Address P. O. Box 250116

City	State	Zip Code
Atlanta	GA	30325

Purpose of Disbursement
contribution

Candidate Name

John Hardy IsaksonOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2013

Transaction ID : SB23.7524

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Graham for Congress

Mailing Address P. O. Box 310

City	State	Zip Code
Tallahassee	FL	32302

Purpose of Disbursement
contribution

Candidate Name

Gwen GrahamOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2013

Transaction ID : SB23.7539

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Three digital displays showing the date 05/31/2013 in MM/DD/YYYY format. The first display shows '05' with 'M' labels above the digits. The second display shows '31' with 'D' labels above the digits. The third display shows '2013' with 'Y' labels above each digit. The displays are separated by slashes.

1000.00

2500.00

1000.00

4500.00

	21b		22	<input checked="" type="checkbox"/>	23		24		25		26
	27		28a		28b		28c		29		30b

Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Rubio Victory Committee

Date of Disbursement



Transaction ID : SB23.7147

Amount of Each Disbursement this Period

13500.00

Marco Rubio

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input checked="" type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State: FL	District: 00	

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
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43	44
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51	52
53	54
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57	58
59	60
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67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

A diagram of a rectangular frame structure. The frame consists of four vertical members and four horizontal members. The joints are labeled as follows: 1 is at the top-left corner, 2 is at the top-right corner, 3 is at the bottom-right corner, and 4 is at the bottom-left corner.

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional).....

13500.00

TOTAL This Period (last page this line number only).....

31000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 191 OF 191

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Haley for Governor

Mailing Address P. O. Box 1773

City	State	Zip Code
Columbia	SC	29202

Purpose of Disbursement
contribution

Candidate Name

Nikki Haley

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2013

Transaction ID : SB29.7543

Amount of Each Disbursement this Period

3500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

3500.00
